



Regence

Regence BlueCross BlueShield of Oregon is an Independent Licensee of the Blue Cross and Blue Shield Association

## Regence Employee Enrollment Guide Request Form

(Packet Request Form)

→ **Return This Form To: [VGBT@Regence.com](mailto:VGBT@Regence.com)**

1. Group Name: \_\_\_\_\_

2. Regence Group Number: \_\_\_\_\_

3. Please send Packets to: \_\_\_\_\_

a. Name or Contact: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Selected Plans:

a. Plan 1: \_\_\_\_\_

b. Plan 2: \_\_\_\_\_

c. Plan 3: \_\_\_\_\_

d. Plan 4: \_\_\_\_\_

e. Plan 5: \_\_\_\_\_

5. Preferred Language:

a. English (quantity requested): \_\_\_\_\_

b. Spanish (quantity requested): \_\_\_\_\_

**DiMartino Associates**  
EMPLOYEE BENEFITS CONSULTING

DiMartino Associates | 1501 4<sup>th</sup> Ave, Suite 2400, Seattle, WA 98101 | 206.623.2430

[VGBT@dimarinc.com](mailto:VGBT@dimarinc.com)